## Virginia Indigent Defense Commission Training Registration Form

1.	Name:		
	Fir	st Middle	Last
2.	Virginia State	Bar Number:	
3.	Email Addres	s:	
4.	. Has your contact information changed since your initial certification application or latest renewal?   □		
5.	If Yes to 4, enter the new contact information.		
	Work Addres	s: Firm Name:	
		PO Box:	
		Street:	
		City:	
		State:	Zip:
		Work Phone Number:	
		Work Email Address:	
		Work Fax Number:	
5.	I will attend:		
	□ Lun		, 200 at ate
		Di	ate Location
	☐ Indigent Defense Certification Training schedul		
	at		Date
		Location	
	□ Tria	l Advocacy Workshop scheduled for	, 200 at
		-	Date
		Location	
	□ Othe	er Training entitled	scheduled for
	200	at	Date
		Location	
		that if I am unable to attend the class mission as soon as is reasonably poss	s for any reason, I will notify the Virginia Indigent ible.
Signatu	ıre:		Date:
-15·14tu	·- · · ·		

## **Return completed application to:**

Attorney Certification
Virginia Indigent Defense Commission 1604 Santa Rosa Rd., Suite 109 Richmond, VA 23229

Phone: (804) 662-7249 extension 47

Fax: (804) 662-7452 www.idc.virginia.gov